NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

Evidence Summary
Juvenile Drug Courts

What are Juvenile Drug Courts?

Juvenile drug courts (JDCs) are intensive treatment programs established within and supervised by juvenile courts to provide specialized services for eligible, drug-involved youths and their families. Local officials set the eligibility and screening criteria, which define the target population that will receive JDC services (Gurnell, Holmberg, & Yeres, 2014). The drug courts were designed to address the complex issues underlying substance use, to treat court-involved youth with substance use disorders already in the system, and to reduce recidivism among youth released from jail (BJA, 2003).

Juvenile drug courts are an outgrowth of adult drug courts, which emerged in the middle 1980s in recognition of a need for appropriate treatment, and in response to policies and practices associated with a rising level of drug-related crime and the subsequent strain it placed on the court system. Over the past 30 years, Congress passed a number of laws requiring stricter sentencing that had the corollary effect of increasing prison terms for individuals with substance use disorders (Meierhoefer, 1992; Pew Charitable Trusts, 2015). For example, in 1984, Congress passed the Sentencing Reform Act, which eliminated federal parole and required all inmates to serve 85% of their sentences (Pew Charitable Trusts, 2015). Simultaneously, treatment for substance use disorders has evolved to recognize that substance use disorders are chronic medical conditions that require individually-tailored treatments (Kleber et al., 2006; McClellan et al., 2010).

The JDC judge maintains close oversight of each case through frequent (often weekly) status hearings with the parties involved. The judge both leads and works as a member of a team that includes representatives from treatment, juvenile justice, social services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense. Together, the team determines how best to address the substance use and related problems of the youth and his or her family (BJA, 2003). JDCs have the following five primary goals (Gurnell, Holmberg, & Yeres, 2014):

1. Provide immediate intervention treatment.

2. Improve juveniles' level of functioning in their environment.

3. Provide juveniles with skills that will aid them in leading productive substance-free and crime-free lives.

4. Strengthen families of drug-involved youths.

5. Promote accountability of both court-involved juveniles and those who provide services to them.

In an analysis of 34 JDC evaluations, Mitchell et al. (2012a, 2012b) found that for most programs (50%), the minimum time to completion was less than 12 months, although more than one third of the programs had a minimum completion time of 12 to 15 months.

Theoretical Foundation, Origins, and Implementation Context

The juvenile justice system has worked to adopt a perspective of therapeutic jurisprudence, which contrasts with the historical, management-dominated approach to court practices that focused on the efficient administration of justice for court-involved individuals (Rottman & Casey, 1999). Therapeutic jurisprudence emphasizes a collaborative, problem-solving approach to achieving desired therapeutic outcomes with individuals and their network of support. With therapeutic outcome as the primary objective and collaborative process as the vehicle, juvenile courts focus not only on protecting rights and the application of legal precedents, but they also establish behavioral contracts with court-involved youth to coach them toward desired behaviors. The adoption of a therapeutic jurisprudence philosophy entails shifts in communicating with the offending individuals as well as ongoing work with the stakeholders and organizations involved in the youth's rehabilitation. Drug courts are a prime example of courts that use the principles of therapeutic jurisprudence and were formed through partnerships between treatment and justice practitioners (BJA, 2003).

With the rapid rise and general acceptance of drug courts for adults, the application of drug court principles to juveniles was the next logical step. The first JDC began operating in Key West, Fla., in October 1993 (American University, 2001). Now there are over 400 are juvenile drug courts, out of the more than 3,000 drug courts operating in the United States (National Drug Court Resource Center, 2015).

However, applying drug court principles to juvenile populations is not as simple as replicating the adult model. The circumstances and needs of youths and their families differ from those of court-involved adults. Adolescents who use substances seldom do so in the same ways as adults (NIDA, 2014). Adolescents and adults misuse drugs for vastly different reasons. In addition, young people are still developing cognitive, emotional, and social skills necessary for a productive life and are greatly influenced by important relationships with family, friends/peers, school, and the community (National Drug Court Institute, 2016; NIDA; 2014). Given these conditions, JDCs need to shift the emphasis from a single participant to the entire family and expand the continuum of care to include more comprehensive services (BJA, 2003).

Key Features, Implementation, and Practice Guidelines

The key features of drug courts are to provide 1) collaborative, non-threatening, outcome-focused court processes; 2) early identification of eligible youth; 3) integration of drug treatment

with court case processes; 4) frequent drug and alcohol testing; 5) judicial monitoring; and 6) escalating incentives for achievements and sanctions for infractions (Butts & Roman, 2004; Mitchell et al., 2012a).

To be eligible for JDC participation, youths must first pass the screening criteria, usually conducted by law enforcement officials. They then receive an offer to participate in drug court and learn how charges against them will be reduced or dropped after successful program completion. Those who agree to participate then become JDC clients. JDCs offer two main approaches to court processing: 1) a "pre-plea" method, in which clients waive their right to a speedy trial and enter drug court, and 2) a "post-plea" method, in which clients who are already convicted, but not yet sentenced, are admitted to drug court. Typically, JDC programs consist of several phases, which vary in intensity, and end in a graduation ceremony (Mitchell et al., 2012a). For example, Phase I may involve clinical evaluation, initial treatment, and drug testing. Phase II provides more intensive substance use and family treatment, and support services. Phase III continues to extend and intensify treatment, drug testing, and support services as needed; and finally, during Phase IV, the focus is on establishing a plan for continuation of care and reducing drug testing and court appearances.

JDCs can operate with considerable variability across jurisdictions. In their examination of 30 juvenile drug court officials, Sloan and Smykla (2003) found that the courts differed on program goals, on their target populations, and in the structure and content of treatments offered. For example, all of the JDCs reported that the primary goal of the program was to eliminate juvenile substance use. However, several courts also reported additional program goals such as reducing future delinquency, improving school performance, and addressing the juvenile's socioeconomic problems. The structure and process characteristics of JDCs can affect program outcomes significantly (Hiller et al., 2010).

Ongoing assessment of the implementation of JDCs throughout the first decade led to calls for improvements in staff training, coordination of treatment, youth protective practices, and considerations for youths with multiple, co-occurring needs (National Drug Court Institute, 2016). In 2003, the Bureau of Justice Assistance set forth 16 strategies to improve practices in juvenile drug courts. These strategies emphasized providing a coordinated, systemic, and non-adversarial approach to working with youths and their families; tailoring ongoing and frequent treatment to the developmental needs, cultural differences, and gender of participating adolescents; and implementing an efficient monitoring and evaluation system that guards youth privacy, reinforces desired behaviors among participants, and documents results.

Another influential catalyst for improving outcomes for youths in the juvenile justice system came from a 2000 investment of $21 million from the Robert Wood Johnson Foundation to the Reclaiming Futures initiative. Over 15 years, collaboratives in 39 communities in 18 states have worked to systemically implement a six-step model. Youths in juvenile drug court work with a leadership team that includes a judge, juvenile probation representative, an adolescent substance use– treatment professional, a community member, and project director. Participating youths go through six steps of initial screening, initial assessment, service coordination, initiation, engagement, and transition (Stevens et al., 2015).

A national evaluation of the Reclaiming Futures JDCs found that the following well-implemented practices contribute to improved client outcomes: 1) defining the target population and eligibility criteria, 2) using sanctions to modify noncompliance, 3) conducting random and observed drug testing, 4) coordinating services with the school system, 5) implementing gender-appropriate approaches, 6) utilizing culturally responsive policies and procedures, and 7) requiring personnel to attend cultural competency training (National Drug Court Institute, 2016).

Many JDCs have worked to adopt evidence-based practices, for which the National Registry of Evidence-based Programs and Practices (NREPP) is a resource. Some innovative approaches to coordinated treatment include motivational interviewing, multisystemic therapy, family behavioral therapy, and coordinated care treatments with contingency management (Hills, Shufelt, & Cocozza, 2010; National Institute on Drug Abuse, 2014).

Evidence of Effectiveness

Although researchers have conducted a greater number of studies evaluating the effectiveness of adult drug courts than juvenile drug courts, experimental evidence regarding JDCs continues to proliferate. Among study samples of predominantly nonviolent court-involved males, the overall finding is that JDCs are effective in reducing substance use and recidivism, compared with youths participating in traditional courts (Hiller et al., 2010; Stevens et al., 2015). Three recent meta-analyses of studies examined the effectiveness of juvenile drug courts and summarized findings of the impacts of these programs primarily on recidivism, although substance use was also addressed (Mitchell, Wilson, Eggers, & MacKenzie, 2012a, 2012b; Shaffer, 2006, 2011; Stein, Homan, & DeBerard, 2015). More than 30 experimental evaluations of JDCs are represented in these meta-analytic findings, published from 1999–2010.

From an analysis of 19 of 31 eligible experimental studies, Stein et al. (2015) found that the average improvement in recidivism for participants in JDCs was about 8 percent greater than for comparison group youths who were receiving traditional services. In a meta-analysis of 34 studies, Mitchell et al. (2012a, 2012b) found similar results. They found that JDCs reduced general recidivism and actual drug use, compared with traditional services (e.g., probation with or without referral to treatment), even though the positive effects on recidivism were not as large as those found in effectiveness studies of adult drug courts. To illustrate this difference in the reduction in recidivism rates between adult and juvenile drug courts, the authors reported that "the average effect of participation in a juvenile drug court is equivalent to a reduction in recidivism from 50% to approximately 43.5%. This average effect is more than 40% smaller than the average estimated effects of participation in an adult or DWI drug court" (p. 69). Similarly, Shaffer (2006) analyzed 82 effect sizes, and found that on average, adult drug courts reduced recidivism by 10 percent, while juvenile drug courts reduced recidivism by 5 percent.

Most of the available research on JDCs comprises unpublished quasi-experimental studies, and the level of rigor varies across studies. However, Ives et al. (2010) conducted a large, quasi-experiment with 1,120 youths in JDCs and compared substance use outcomes with youths

treated in 75 community-based, outpatient treatment programs. Youths in the 13 JDCs received various evidence-based practices such as the Adolescent Community Reinforcement approach, motivational enhancement therapy, and cognitive–behavioral therapy. Based on assessment data from the Global Appraisal of Individual Needs at 3, 6, and 12 months, JDC participants reduced their substance use more than the propensity-score matched comparison group.

Several researchers have conducted randomized controlled trials that demonstrated positive effects for JDCs (Dakof et al., 2015; Hennegler et al., 2012, 2006). Hennegler et al. (2012) found that youths who received the contingency management with family engagement intervention (CM-FAM) in their JDC reduced both marijuana use and criminal behavior, compared with those who received traditional JDC services. In the CM-FAM approach, therapists assess the level of substance use, provide appropriate feedback and training, and negotiate a contingency contract of rewards, privileges, and disincentives, followed by ongoing screening and postprogram planning.

Similarly, Hennegler et al. (2006) compared the effectiveness of four different approaches among 161 youths: 1) family court with typical services, 2) drug court with typical services, 3) drug court with multisystemic therapy, and 4) drug court with a combination of multisystemic therapy with contingency management. The study concluded that drug court interventions were more effective than traditional family court in reducing adolescent substance use and criminal behavior. Additionally, evidence-based approaches of multisystemic therapy alone or combined with contingency management were more effective at reducing actual substance use (versus self-report), than traditional drug court.

In a randomized controlled trial, Dakof et al. (2015) investigated the effects of multidimensional family therapy, compared with adolescent group therapy for 112 predominantly African American and Latino male youths. The authors found that after 4 to 6 months of participation, youths in both conditions reduced delinquency, externalizing symptoms, rearrests, and substance use. At the 24-month follow up, however, family therapy was more effective than adolescent group therapy in maintaining participants' gains in externalizing symptoms, commission of serious crimes, and felony arrests. Substance use and misdemeanor arrests after 2 years were the same for youths in both groups, though reduced from baseline.

While the overall body of research suggests positive effects for JDCs on reducing substance use and delinquent behavior in adolescents, JDCs have not been found to be effective in all studies or with all populations. Although more rigorous research is needed, some studies have found that young women have better recidivism and program completion outcomes than young men, and that JDC programs are not as effective with racial and ethnic minorities as they are with whites (Stein et al., 2015). Additionally, youths with co-occurring mental health problems who typically have worse criminal justice outcomes than youths without mental health problems are not well-served by JDCs or court probation (Manchak et al., 2014). In their systematic evaluation of nine separate JDCs in the United States (N = 1,372 youths), Sullivan et al. (2014) found that JDC participants had worse recidivism outcomes than their matched peers who were receiving court probation services. The authors hypothesized that the JDCs were ineffective because the intensity of the JDC model may not adequately address the needs of JDC participants who do

not have treatment readiness or even problematic substance use. The authors also found that JDCs would benefit from improved quality assurance procedures, implementation of effective treatment practices, and staff training (Blair et al., 2015). Additionally, drug court programs may expose first- or second-time court-involved juveniles to peers who have more serious substance use disorders, which may contribute to a negative influence on recovery (Schaeffer et al., 2010).

Cost-Effectiveness of JDCs

JDCs have been found to be cost effective. The daily cost per youth varies by type of intervention, from $5.67 for traditional juvenile probation to $131 for the Reclaiming Futures JDC model (2012 dollars, Stevens et al., 2015). Stevens et al. (2015) found that the societal costs (mental health, physical health, missed school or work, and crime) were $122,857 lower from the year before intake to the year after intake for the average JDC Reclaiming Futures client. Since the average annual cost of this intensive JDC is $38,288, the total net savings was $84,569 per client (Stevens et al., 2015).

In an experimental evaluation of costs and benefits of JDCs versus traditional probation, Carey et al. (2013) found that Oregon taxpayers saved an average of $10,958 per JDC graduate as a result of positive outcomes achieved, and JDCs produced a savings of almost $1,000 per participant regardless of completion status. Sheidow et al. (2012) also found JDCs to be cost effective based on a randomized controlled trial, which evaluated outcomes from family court with community services, drug court with community services, drug court with multisystemic therapy, and drug court with multisystemic therapy and contingency management. This research concluded that the cost-effectiveness of JDCs improved with more robust, intensive, and evidence-based interventions. However, family court with community services was found to be the most cost-effective intervention for reducing youth marijuana use and theft; it cost 25 percent less than evidence-based treatments.

Conclusion

Evidence-based and more intensive JDC programs have been found to be effective in reducing crime and substance use among some youth populations; however, the effectiveness of JDCs varies for different youth populations and the differential quality of their implementation. While impact evaluations on the effectiveness of JDCs has grown over the past decade, the level of rigor varies considerably. Effect sizes of JDCs are relatively small for recidivism and substance use outcomes. Process evaluations have shown a range of quality in JDC services, and various analysts have recommended key improvements in JDC practices (e.g., Hills, Shuffelt, & Cocozza, 2010; Blair et al., 2015). Marlowe (2016) outlined a range of best practice guidelines, drawing from recent research. Recommendations include establishing stronger norms for interagency collaboration, substantively involving school personnel and families in providing support and accountability to youths, ensuring training for JDC professionals on evidence-based practices and adolescent development, and offering frequent incentives for positive achievements.

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